|  |  |
| --- | --- |
|  **CONSULTANCY/TESTING ASSIGNMENT PROPOSAL AGREEMENT FORM** | **Form CT-03** |
| **For office use :** | **CT/** |

**TITLE OF THE CONSULTANCY/TESTING JOB**

**CONSULTANT INCHARGE:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | : |  | Designation | : |  |
| Department | : |  |
| Telephone | : |  | Email | : |  |

**EXPECTED TIME SCHEDULE:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Duration  | : | **\_\_\_\_\_** years \_\_\_\_ months \_\_\_\_ weeks | Start Date | **:** |  |

**CLIENT DETAILS** *(Kindly fill in BLOCK letters):*

|  |  |  |
| --- | --- | --- |
| Firm Name | : |  |
| Firm Address | : |  |
| City | : |  |
| GSTIN | : |  |
| Contact Person Name andDesignation | : |  |

**TOTAL CHARGES AND PAYMENT DETAILS:**

|  |  |
| --- | --- |
| Mode of Payment: | By Cheque ☐ By Draft ☐ By Wire Transfer ☐ |
| Currency: | Indian Rupees ☐ Other Currency (specify) ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Payment Enclosed: | Full Payment ☐ Part Payment ☐ |
|  |
| Total Value (in figures) | Total Value (in words) |
| Bank’s Name and Branch | Cheque/DD/Wire Transfer No. |
| Cheque/DD/Wire Transfer amount | Cheque/DD/Wire Transfer Date |

**DELIVERIBLES AND TYPE**

|  |  |
| --- | --- |
| Deliverables: | Client Type (Please Tick) |
| Government Sector | ☐ |
| Private Sector | ☐ |
| Public Sector | ☐ |
| Funding Agency | ☐ |
| Foreign Organisation | ☐ |
| Others(specify) | ☐ |

Correspondence with Client: YES ☐ NO ☐

**AGREEMENT WITH CLIENT AND CONSULTANT**

The agreement is subject to the Standard Terms and Conditions for undertaking Consultancy/Testing at IIPE, Visakhapatnam unless specially agreed to otherwise, the details mentioned above have been read and are acceptable

**Signature of CI with Date Signature of Dean (R&D) with Date**

**Signature of Client with Date**